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The legend of cytomegalovirus and glioblastoma lives on

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LETTER TO THE EDITOR

The legend of CMV and glioblastoma lives on

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The quest to find effective treatments in glioblastoma, with the exception of one agent in 20 years, continues to fail. One reason is parading ineffective treatments as “promising” based on flawed studies.

An underpowered randomized Phase II study of valganciclovir demonstrated lack of efficacy¹ and yet, a biased retrospective analysis subselecting favourable patients gets unwarranted publicity, in the *New England Journal of Medicine*². Improved survival is claimed for newly assembled 50 valganciclovir patients, consisting of 22 from the experimental arm¹, 8 cross-over patients from the control arm¹ (i.e. those that did well enough to make the cross-over), and 20 odd patients treated outside a trial at the same institution.² In all patients valganciclovir was only given “when there was no evidence of progression” (i.e. good prognosis patients). These were compared with a poorly characterized “contemporary control” group.

Looking at CMV as a target may be reasonable, but to demonstrate efficacy of anti-CMV strategies in glioblastoma needs well designed prospective studies avoiding claims which are potentially misleading. On current evidence there is no justification to expose glioblastoma patients to valganciclovir outside a clinical trial.

References

1 Stragliotto G, Rahbar A, Solberg NW, et al. Effects of valganciclovir as an add-on therapy in patients with cytomegalovirus-positive glioblastoma: a randomized, double-blind, hypothesis-generating study. *Int J Cancer* 2013;133:1204-13.

2 Söderberg-Naucle C, Rahbar A, Stragliotto G. Survival in patients with glioblastoma receiving valganciclovir. N Engl J Med 2013;369:985-6.